

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 02-003	2. STATE Wisconsin
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 05/01/02	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(l)(2)(A) and 1905(p)(2)(A) SSA		7. FEDERAL BUDGET IMPACT: a. FFY 2002 \$0 b. FFY 2003 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Supplement 1, Page 1 Attachment 2.6-A, Supplement 1, Page 2a Attachment 2.6-A, Supplement 1, Page 6 None		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same Same Same Attachment 2.6-A, Supplement 1, Page 9	
10. SUBJECT OF AMENDMENT: Annual update to poverty guidelines			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT Robert Blumie <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="checkbox"/> OTHER, AS SPECIFIED:			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Peggy B. Handrich</i>		16. RETURN TO: Peggy B. Handrich Administrator, Division of Health Care Financing 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309	
13. TYPED NAME: Peggy B. Handrich			
14. TITLE: Administrator, Division of Health Care Financing			
15. DATE SUBMITTED: June 27, 2002			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6-28-02		18. DATE APPROVED: 7/22/02	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>May 1, 2002</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Alan Freund, acting Assoc. Reg. Administrator</i>	
21. TYPED NAME: Cheryl A. Harris		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

Income Limits do not apply to institution cases. See Supplement 6 to Attachment 2.6-A for institution income level (special income level under 42 CFR 435.231 and 435.1005).

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	*Need Standard	*Payment Standard	Maximum payment amounts
1	\$311/\$301	\$248.80/\$240.80	Maximum payment amounts are the same as the payment standard rounded down to the nearest whole dollar
2	\$550/\$533	\$440.00/\$426.40	
3	\$647/\$626	\$517.60/\$500.80	
4	\$772/\$749	\$617.60/\$599.20	
5	\$886/\$861	\$708.80/\$688.80	
6	\$958/\$929	\$766.40/\$743.20	
7	\$1,037/\$1,007	\$829.60/\$805.60	
8	\$1,099/\$1,068	\$879.20/\$854.40	
9	\$1,151/\$1,117	\$920.80/\$893.60	
10	\$1,179/\$1,143	\$943.20/\$914.40	
11	\$1,204/\$1,168	\$963.20/\$934.40	
12	\$1,229/\$1,193	\$983.20/\$954.40	

Add \$25 per person to the need standard and \$20 per person to the payment standard for groups larger than 12. The payment standard is increased by \$56.80 if a pregnant woman who is in at least her eighth month is included in the AFDC group.

* Area I/Area II; need standard is increased by \$71 if a pregnant woman who is in at least her eighth month is included in the AFDC group.

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act:

Effective May 1, 2002, based on the following percent of the official Federal income poverty level:

☒ 133 percent ☐ 185 percent (no more than 185 percent)
(specify)

Family Size	Income Level
1	\$ 981.98
2	\$1,323.35
3	\$1,664.72
4	\$2,006.08
5	\$2,347.45
6	\$2,688.82
7	\$3,030.18
8	\$3,371.55
9	\$3,712.92
10	\$4,054.28

For each additional person add \$341.37.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

B. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL
POVERTY LEVEL

2. Children between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(1)(1) of the Act (P.L. 101-508) are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

Family Size	Income Level
1	\$ 738.33
2	\$ 995.00
3	\$1,251.67
4	\$1,508.33
5	\$1,765.00
6	\$2,021.67
7	\$2,278.33
8	\$2,535.00
9	\$2,791.67
10	\$3,048.33

For each additional person +\$256.67.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Wisconsin

INCOMES ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent fo the official Federal poverty income level:

Eff. August 9, 1989: ☐ 85 percent ☒ 100 percent (no more than 100)

Eff. April 1, 1990: ☐ 85 percent ☒ 100 percent (no more than 100)

Eff. January 1, 1991: 100 percent

Eff. January 2, 1992: 100 percent

b. Levels

Family size	Income levels
1	\$738.33
2	\$995.00